Navy Medicine IM/IT Governance

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And

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NAVY MEDICINE
World Class Care...Anytime, Anywhere

Learning Objectives

- Understanding the Governance Process
  - Incorporating Policy and Compliance
  - Information Assurance
  - Overview of Roles and Responsibilities at all levels

Policy and Support

Governance

Department of Defense

- DoDI 5000.02(Defense Acquisition)
- DoDI 5000.35 (Defense Acquisition Regulation System)
- DoD 5400.11 (Privacy Program)
- DoD 8115.01 (Portfolio Management)
- DoDI 8115.02 (Portfolio Management)
- DoD 8510.01 (DIACAP)
- DoD 8570.01-M (IA Implementation)
- DoD 8910.01 (Information Reporting)
- CJCS Instruction 3170.01G
- CJCS Instruction 6212.01E
- DODAF 6.0
- DODD 7045.20 (Capability Portfolio Management)

Department of Navy Office of the Secretary

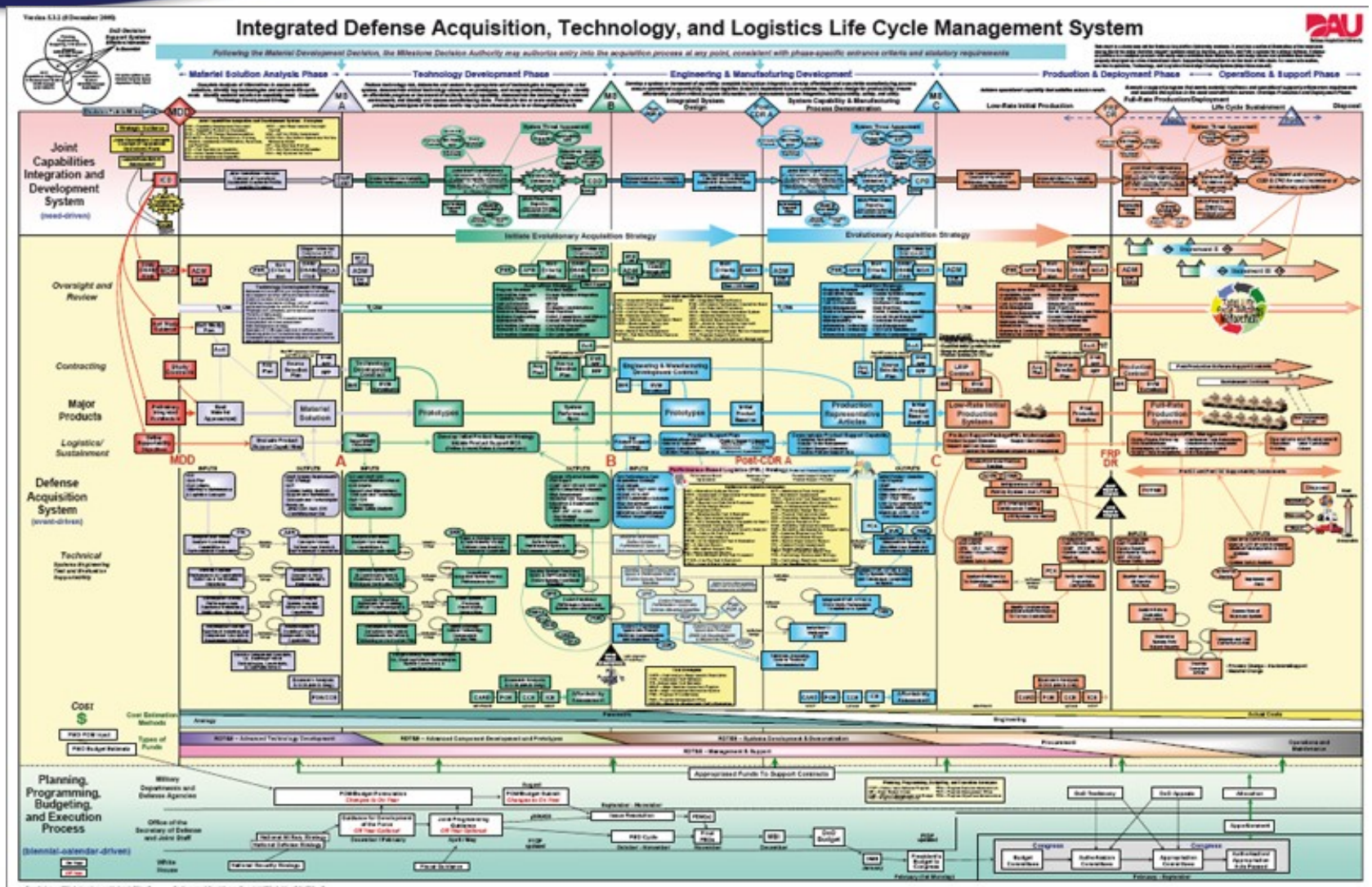
- SECNAVINST 5000.36A (IT Application)
- SECNAVINST 5239.19 (Incident Response and Reporting)
- SECNAVINST 5211.5E (Privacy Program)

Military Health System

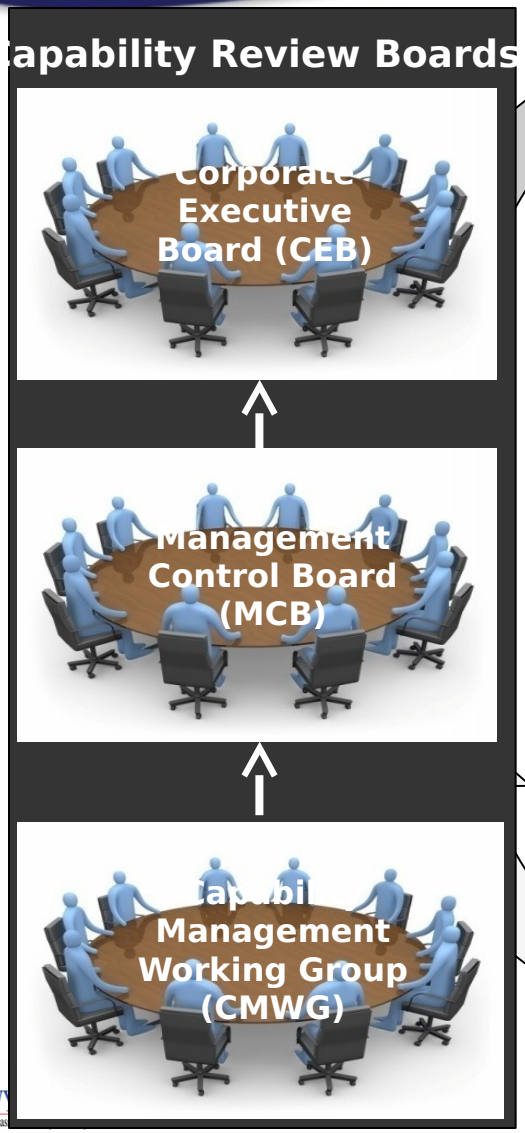
- Defense Business Transformation (DBT)
- Defense Health Program Systems Inventory Reporting Tool (DHP-SIRT)

Clinger-Cohen Act

Defense Acquisition Framework



Governing Boards


apability Review Boards
Corporate Executive Board (CEB)
Management Control Board (MCB)
apabil Management Working Group (CMWG)

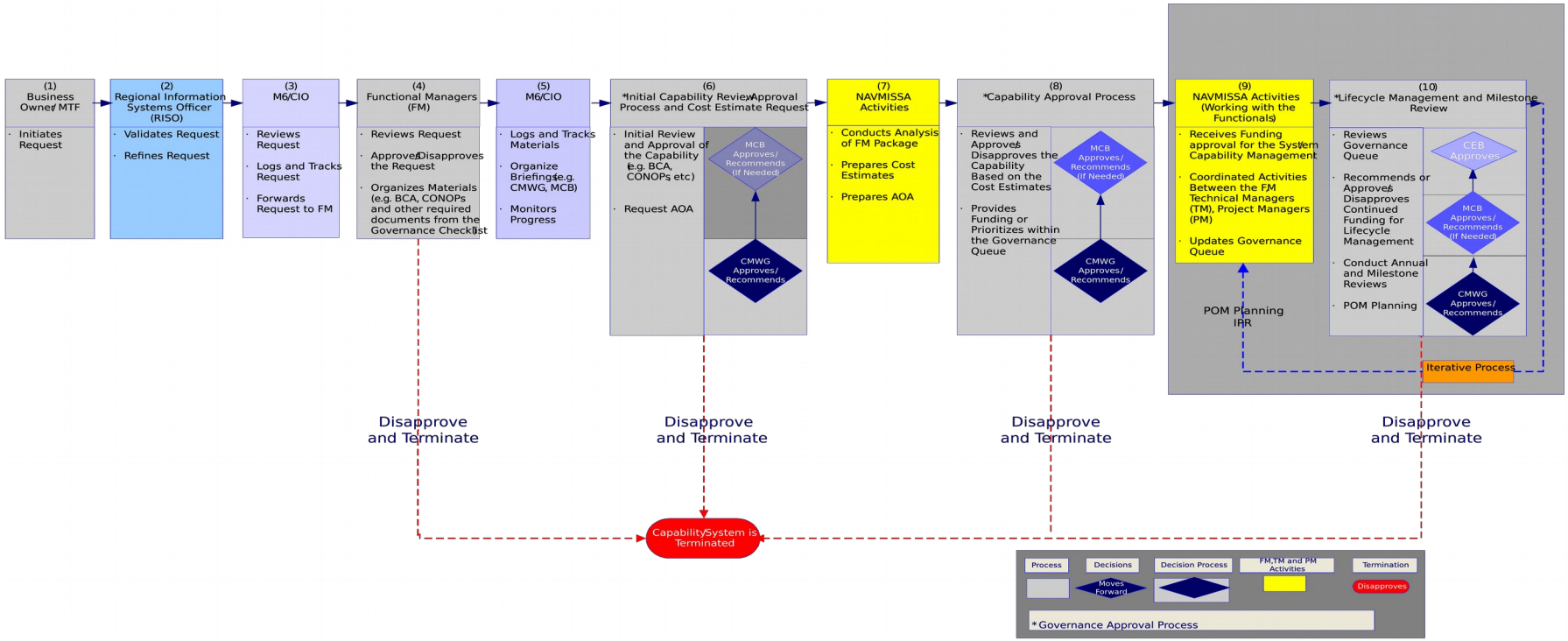
The IM/IT governance process is not a single pass-through for decision making… it is made up of several "policy compliance processes", which gives Navy Medicine the ability to review, manage and oversee capabilities, systems, and projects

Board Members

- ***M1***
- ***M3/5***
- ***M4***
- ***M6***
- ***M8***
- ***M00WII***
- ***NME***
- ***NMW***
- ***NMSC***
- ***NCA***
- ***USMC***
- ***U.S. Fleet Forces Command***
- ***Pacific Fleet***
- ***N931***
- ***NAVMISSA***

IM/IT Governance Overview

IM/IT Governance Process | Draft | 23 November 2009


(1) Business Owner / MTF
Initiates Request
(2) Regional Information Systems Officer (RISO)
Validates Request
Refines Request
(3) M6/CIO
Reviews Request
Logs and Tracks Request
Forwards Request to FM
(4) Functional Managers (FM)
Reviews Request
Approves/Disapproves the Request
Organizes Materials (e.g. BCA, CONOPs and other required documents from the Governance Checklist)
(5) M6/CIO
Logs and Tracks Materials
Organize Briefings (e.g. CMWG, MCB)
Monitors Progress
(6) *Initial Capability Review & Approval Process and Cost Estimate Request
Initial Review and Approval of the Capability (e.g. BCA, CONOPs, etc)
Request AOA
MCB Approves/ Recommends (If Needed)
CMWG Approves/ Recommends
(7) NAVMISSA Activities
Conducts Analysis of FM Package
Prepares Cost Estimates
Prepares AOA
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(9) NAVMISSA Activities (Working with the Functionals)
Receives Funding approval for the System Capability Management
Coordinated Activities Between the FM Technical Managers (TM), Project Managers (PM)
Updates Governance Queue
POM Planning IPR
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Reviews Governance Queue
Recommends or Approves/Disapproves Continued Funding for Lifecycle Management
Conduct Annual and Milestone Reviews
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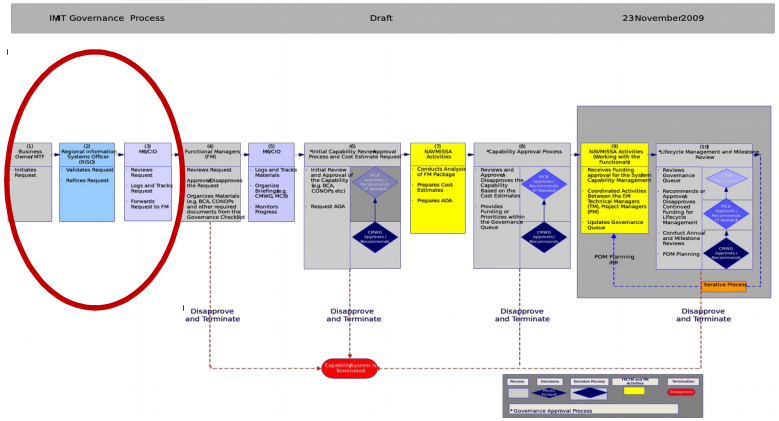
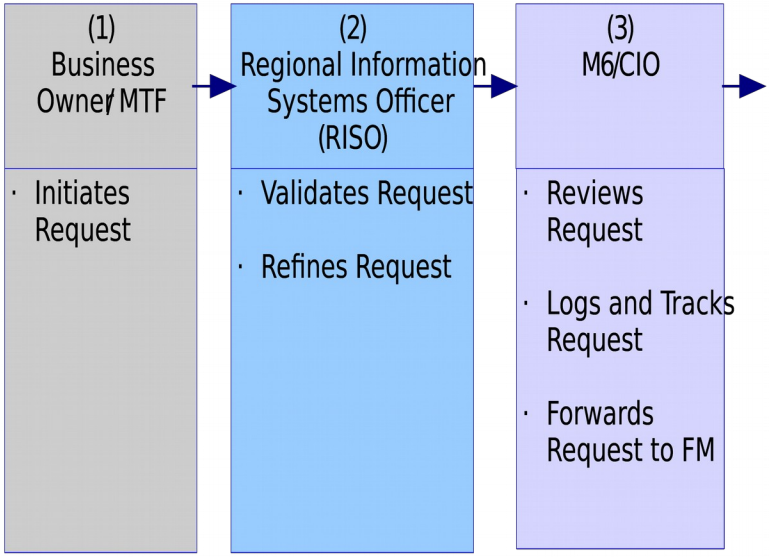
Iterative Process
Disapprove and Terminate
Disapprove and Terminate
Disapprove and Terminate
Disapprove and Terminate
Capability/System is Terminated
Process
Decisions
Moves Forward
Decision Process
FM,TM and PM Activities
Termination
Disapproves
*Governance Approval Process

Initiate and Validate Request





- **A request can be initiated at any level within the Medical Enterprise**
- **The Governance Team will verify that all necessary approvals have been received as well as log the request for tracking and metrics**

2-Pager

Navy Medicine New IM/IT Capability Request
2 Page Submission Form – 2008 V1.4

1	Title:	*BUMED Use*
2	Date:	*Tracking No.*
3	Originator Name/Title:	*Date*
4	Phone:	
5	Email:	
6	Command:	
7	Status of new capability in Navy Medicine (*Please select at least one*) ☐ Capability does not exist within Navy Medicine ☐ Capability exists within Navy Medicine but not at requesting facility (please explain below) ☐ Capability exists within Navy Medicine in form other than being submitted (please explain below) ☐ Other (please explain below) Explanation:	8 Funding Source (*Please select one*) ☐ Unknown ☐ Unfunded Request ☐ O&M DHP ☐ O&M Navy ☐ RDT&E DHP ☐ RDT&E Navy ☐ OP DHP ☐ OP Navy
9	Description of new capability:	
10	Projected benefit of new capability:	
11	(a) Describe briefly how capability IS currently being accomplished (process): (b) Describe briefly how capability WILL be accomplished (process):	
12	Scope of new capability implementation:	☐ Requesting organization only ☐ Potential enterprise implementation
13	Impact if not funded:	
14	Urgency (*Please select one*):	☐ High ☐ Medium ☐ Low
15	Justification for urgency:	
16	Type of information processed within the new capability (i.e., HIPAA, PII, Privacy Act, Medical Records, Business, Financial, email, etc)	
17	Potential system(s) impacted:	
18	Network connectivity required:	☐ Yes ☐ No
19	Interconnection requirements:	
20	Estimated number of users:	
21	Description of users:	

22. Funding Type & Amount

OP		O&M		RDT&E	
OP CivPay		O&M CivPay		RDT&E CivPay	
OP Contracts		O&M Contracts		RDT&E Contracts	
OP Travel		O&M Travel		RDT&E Travel	
OP Training		O&M Training		RDT&E Training	
OP Supplies		O&M Supplies		RDT&E Supplies	
OP Equipment		O&M Equipment		RDT&E Equipment	
OP Other		O&M Other		RDT&E Other	
OP Total	$0	O&M Total	$0	RDT&E Total	$0

23. Future Funding Requirements

	FY	FY	FY	FY	FY	FY
OP						
O&M						
RDT&E						
Total						

(Please fill in appropriate funding years)

24. Approval

24a. Local Command Information Systems Officer

Name: Date:

Comments:

24b. Local Comptroller (*Echelon 3, 4 or 5 origination*)

Name: Date:

Comments:

24c. Commanding Officer/Officer In Charge Approval (*Echelon 4 or 5 origination*)

Name: Date:

Comments:

24d. RISO Review (*Echelon 3,4, or 5 origination*)

Comments:

RISO Name:	Date:	
25	CMWG Outcome Date:	□ Recommend Approval □ Approve for Capability Analysis □ Disapprove
26	MCB Outcome Date	□ Approve □ Disapprove

DRAFT

First Check

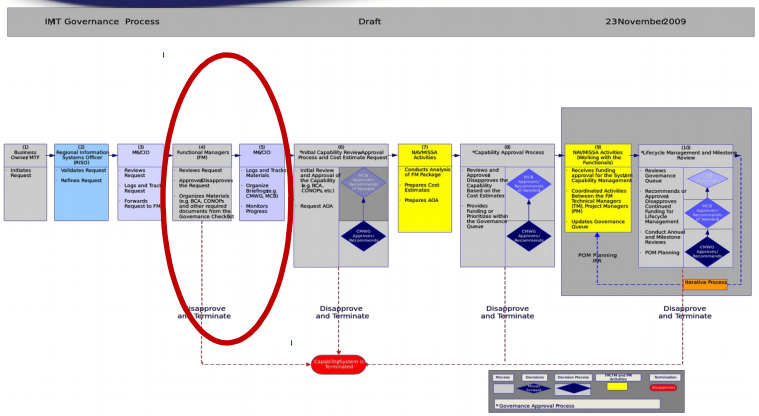
- **Request currently exists in DADMS (DON Application and Database Management System):**
  - Correct version is in DADMS
    - Complete the Unique Identifying code (UIC) Association Questionnaire and send to NAVMED-FAM_DADMS@med.navy.mil
  - Need an updated version from what is in DADMS
    - Complete the Version Upgrade Questionnaire and send to NAVMED-FAM_DADMS@med.navy.mil

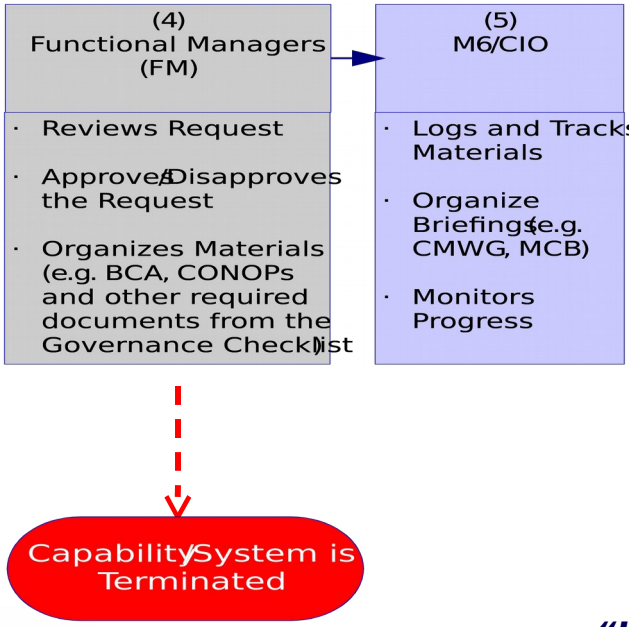
- **Request is not in DADMS:**
  - Complete 2-pager and when complete with all necessary signatures send to

    Governance@med.navy.mil

- **All templates are available on SharePoint:**
  - https://esportal.med.navy.mil/bumed/m6/governance/default.aspx
  - You will need to register to have access to this site

Initial Approval



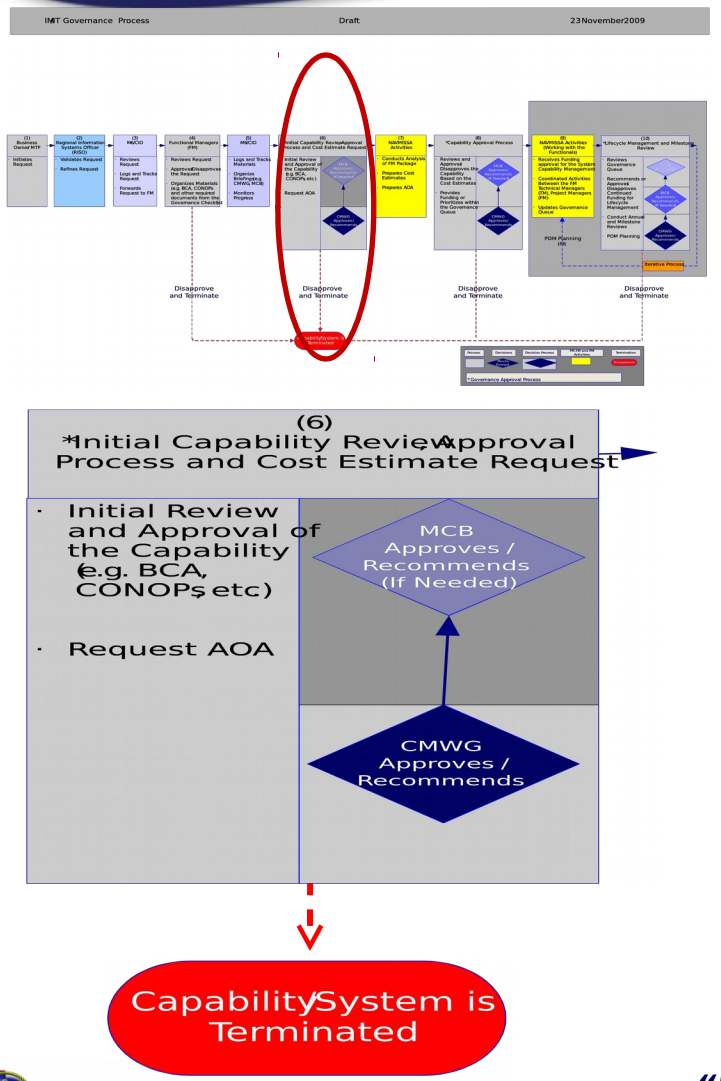


- **Functional Manager must approve the request to move forward in the process**
- **If request is approved it will move to Step 5 where the M6/OCIO may request a Business Case Analysis (BCA) and/or Concept of Operations (CONOPS)**
- **Once all necessary documents are collected the M6/OCIO will assist in creating the CMWG Slides as well as prep the briefer on potential issues**

Navy Medicine Functional Areas

Functional Owner	Description	Sub - Grouping
M1	Human Resources	
M3/5	Access to Care	Blood
		Business
		Clinical
		Dental
		Lab
		Occupational Health
		Optometry
		Pharmacy
		Population Health
		Radiology
		TBI/PH
		Veterinary Research
M4	Occupational Health	
	Logistics	
M6	IM/IT Services	
	Infrastructure	
M8	Financial Management	
N931	Force Health Protection	

Review and Decision


IMT Governance Process
Draft
23November2009
(6)
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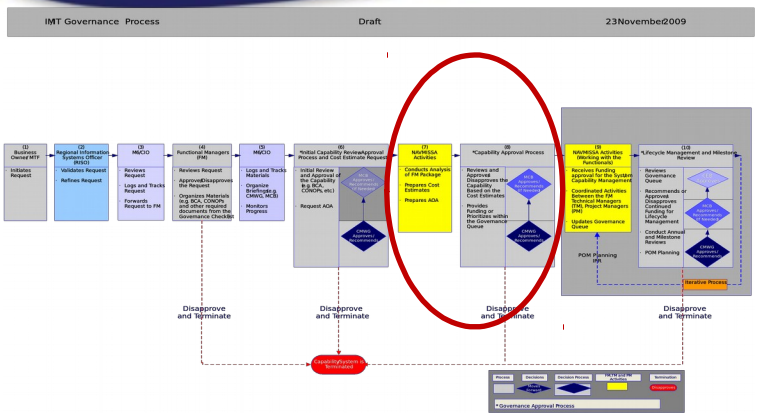
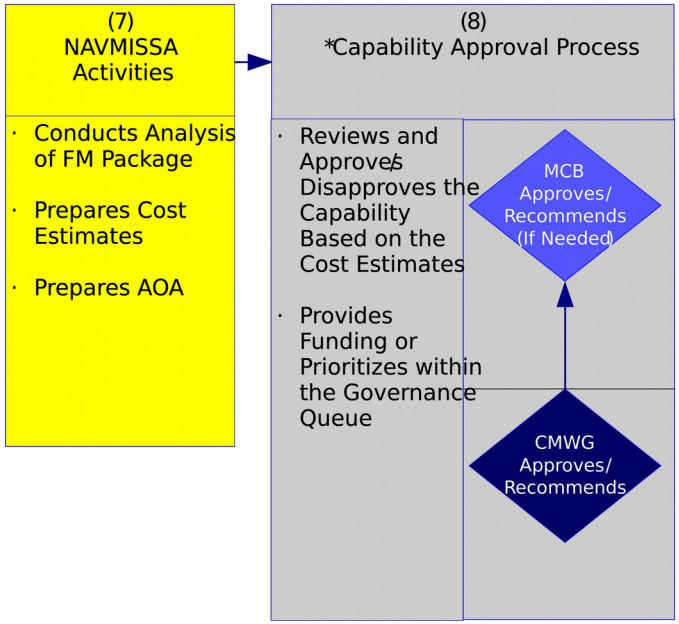
Request AOA
MCB Approves / Recommends (If Needed)
CMWG Approves / Recommends
Capability System is Terminated

- **The CMWG reviews and votes on if this request should be sent to NAVMISSA for further development**
- **In some instances the board may request additional information or recommended the decision be made at the MCB level**
- **The board can also vote to disapprove the request**

Cost Estimate and IA Review

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- **At Step 7, NAVMISSA has the task to develop a cost estimate, establish what IA path will be taken, and what documentation will be needed**
- **To provide transparency to the enterprise the System Life-Cycle Documentation Checklist was created (see next slide)**
- **We anticipate that Step 7 will be a quick turnaround**

System Life-cycle Document Checklist

- The SLDC will provide:
  - Well defined expectations, deliverables, timelines, and metrics
  - Properly capture Total Cost of Ownership and Return on Investment (ROI)
  - Ensure new capability request are enterprise focused

- Incorporates Department of Defense (DoD), DON, TRICARE Management Activity (TMA), and Bureau of Medicine and Surgery (BUMED) policy and compliance into one checklist to include:
  - Enterprise Architecture (EA)
  - Information Assurance (IA)
  - Defense Business Transformation (DBT)
  - Federal Information Security Management Act of 2002 (FISMA)
  - Acquisition 5000
  - Joint Capabilities Integration and Development System (JCIDS)
  - DADMS New Adds

Information Assurance Review

- **Within Navy Medicine there are <u>three different</u> IA paths by which IT systems can obtain approval to operate on NAVMED networks**
  1. DIACAP
  2. Platform IT (PIT) Designation/Approval
  3. NAVMED Client Workstation Software IA Approval
- Once approved by the CMWG, NAVMISSA will determine which of the paths above is necessary
- Each of these paths has varying requirements that need to be fulfilled in order to successfully receive approval, with varying timelines to execute
- A way forward for Outsourced IT based processes is still being developed

Information Assurance Checklist

- The documents listed in the IA Checklist are used to gather information for review by the NAVMISSA IA Team. The IA Team evaluates this documentation to determine which IA path the system requires.

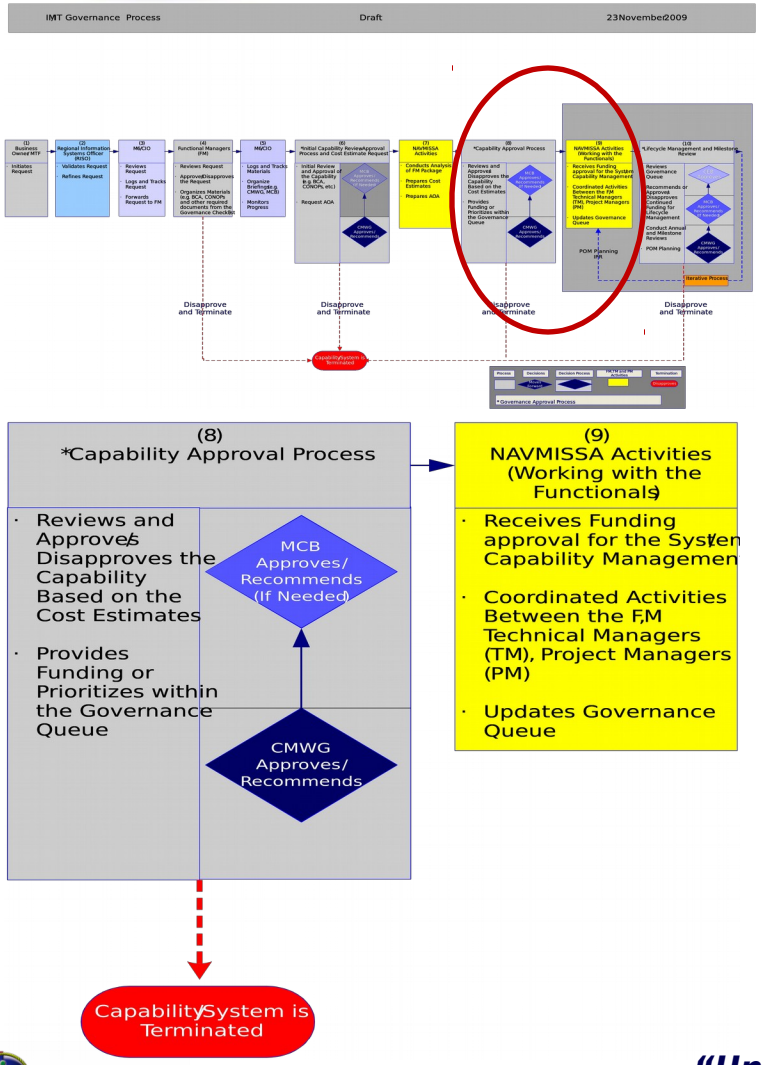
- Turnaround time for determining the path to IA depends on the accuracy and completeness of documentation.

- The IA Checklist includes:

•Mission Description •Concept of Operations Summary •Operating and Computing Environment •User Description and Clearances •Hardware List	•Software List •System Architecture Diagram •External Interfaces and Data Flow •Life Cycle Management Plan •Navy Medicine Program Manager

Note: additional information may be needed

Capability Approval and Management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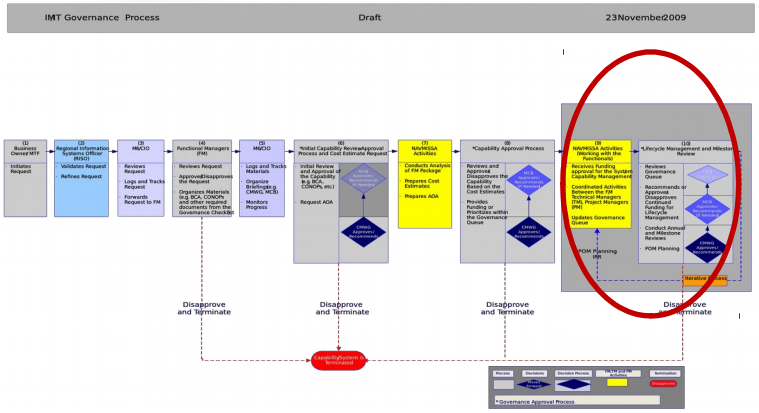
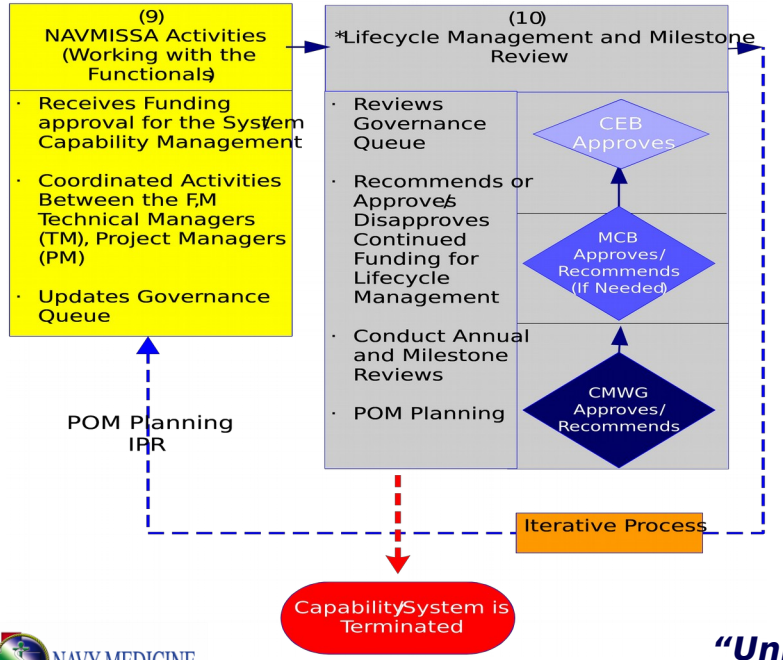
Updates Governance Queue
Capability/System is Terminated

- **Once NAVMISSA has completed the cost estimate and workload Rough Order of Magnitude (ROM) that information is then briefed again to the CMWG and/or MCB for final decision on termination or execution of this request**

- **If the decision is to execute, the capability will be managed as a project, prioritized, and/or funded.**

Life-cycle Management

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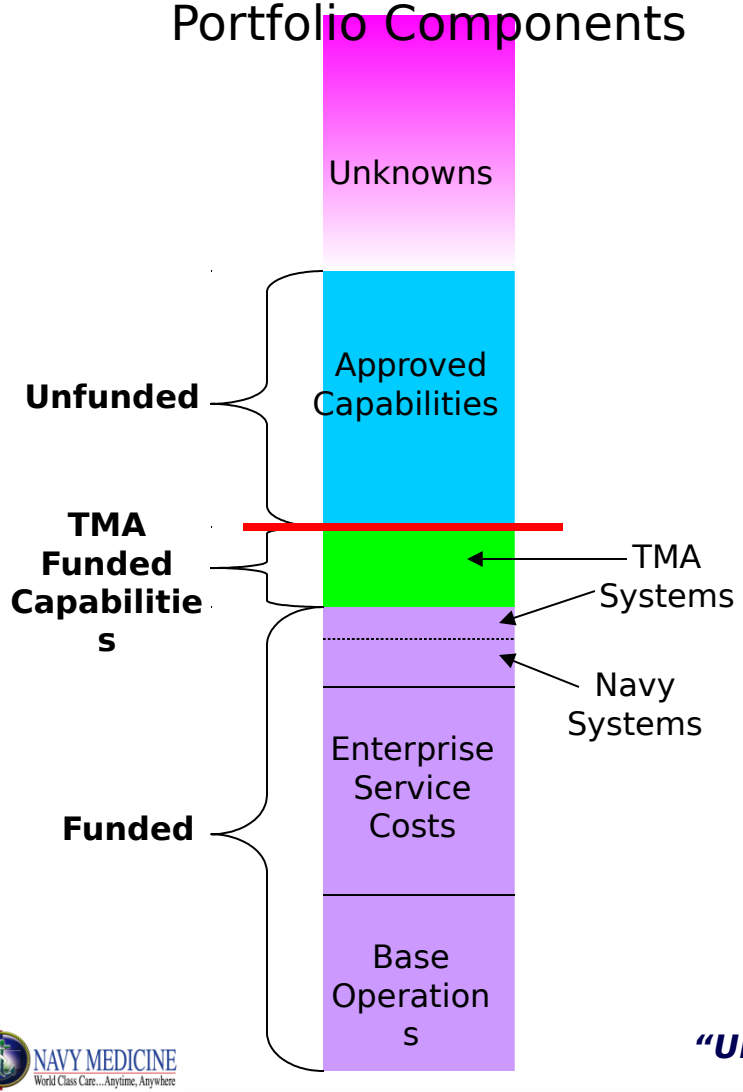
POM Planning IPR
Iterative Process
Capability/System is Terminated

- **The following slides go into further detail on how we are dealing with Portfolio and Lifecycle Management**

IM/IT Portfolio



- **The IM/IT Portfolio is more then a list of approved applications.**
- **Navy Medicine will be using the Portfolio as a management tool for:**
  - **Oversight and Compliance**
  - **Dependencies**
  - **Risk**
  - **Recurring Data Calls**
  - **Approved but Unfunded Capabilities**
  - **Lifecycle Management**

BUMED – Governance Team

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- Michele Luberecki – Governance Lead/CMWG POC
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  - (202) 762-3138

NAVMISSA – Governance Team

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  - (210) 808-0297

BUMED – Information Assurance

CDR Rich "Ski" Makarski, MSC, USN, MS ITM, MBA

BUMED-M62, Dir IT Security & Privacy

bldg 1, 2nd deck, room 1212

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2300 E Street NW, Washington, DC 20372

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Navy Office: 202.762.0037 or 202.762.3180

Navy Cell (Blackberry): 202.431.8734

Naval Postgraduate School 2002 Alumni

Questions

Back Up

2011 Governance Schedule

	CMWG	MCB			CMWG	MCB
January	4 18*	28**		July	5* 19	28
February	1 15	24		August	2 16	25
March	1 15	24		September	6* 20	29**
April	5 19	28		October	4 18	27
May	3 17	26		November	1 15	17**
June	7 21	30**		December	6 20*	29**

Definitions

- **Application –** The term application is a shorter form of application program. An application program is a program designed to perform a specific function directly for the user or, in some cases, for another application program. Examples of applications include word processors, database programs, Web browsers, development tools, drawing, paint, image editing programs, and communication programs. Applications use the services of the computer's operating system and other supporting applications.

- **Capability –** The ability to achieve a desired effect under specified standards and conditions through a combination of means and ways across doctrine, organization, training, materiel, leadership and education, personnel, and facilities (DOTMLPF) to perform a set of tasks to execute a specified course of action. (per the DoDD 7045.20)

- **Portfolio –** The collection of capabilities, resources, and related investments that are required to accomplish a mission-related or administrative outcome. A portfolio includes outcome performance measures (mission, functional, or administrative measures) and an expected return on investment. “Resources” include people, money, facilities, weapons, IT, other equipment, logistics support, services, and information. Management activities for the portfolio include strategic planning, capital planning, governance, process improvements, performance metrics/measures, requirements generation, acquisition/development, and operations. (per the DoDI 8115.02)

- **System -** A system is a collection of elements or components that are organized for a common purpose. The word sometimes describes the organization or plan itself (and is similar in meaning to method, as in "I have my own little system") and sometimes describes the parts in the system (as in "computer system").

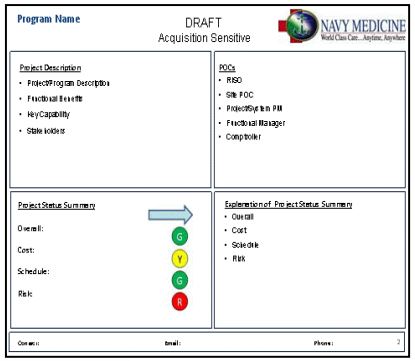
Additional Resources

- Defense Acquisition University
  - http://www.dau.mil/default.aspx
- SharePoint
  - https://esportal.med.navy.mil/bumed/m6/governance/default.aspx
- DADMS Email
  - NAVMED-FAM_DADMS@med.navy.mil
- Governance Email
  - Governance@med.navy.mil

Interim Program Reviews

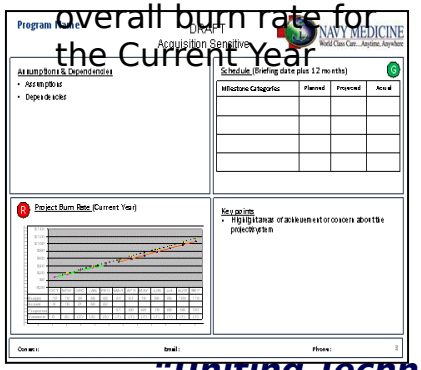
Summary Slide

- Provides a description of the Project that includes the business need that is being met as well as the benefits to fulfilling this need
- All Point of Contacts (POC)
- Shows the cumulative/overview of what is presented in the remaining slides



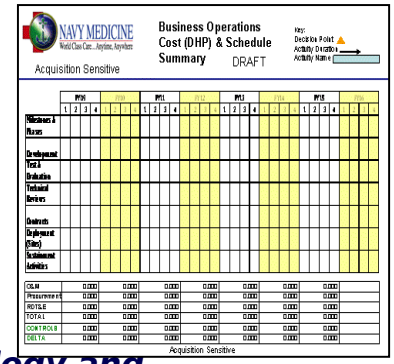
Current Year Information

- Provides all the assumptions that have been made in relation to making this a successful project
- Collects the milestones planned for the next 12 months
- Provides the status of the Project's overall burn rate for the Current Year



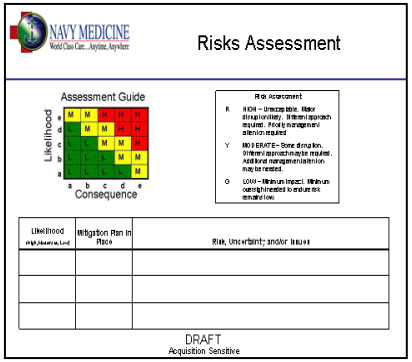
Cost (DHP) & Schedule Summary

- Represents the schedule of the project in relation to cost across the Future Year Defense Plan (FYDP).
- Provides the baseline for POM building



Risk Assessment

- Navy Medicine has chosen to adopt the DoD Risk Assessment process
- Provides a way to make decisions on acceptable vs. non-acceptable risk



Information Assurance - Applicability

- Whether a single instance of an application, stand-alone information system, networked medical device, or a widely distributed program, all DoN-owned or -controlled information technology (IT) systems that receive, process, store, display or transmit DoD information are subject to IA requirements
  - CJCSI 6510.01E, *Information Assurance*
  - DoDD 8500.1, *Information Assurance*
  - DoDI 8500.2, *Information Assurance Implementation*
  - DoDI 8580.1, *Information Assurance in the Defense Acquisition System*
  - SECNAVINST 5239.3B, *DON Information Assurance Policy*
  - DON DIACAP Handbook

IA – Assumptions and Contraints

- In order for any system to be allowed on the network, an IA Analysis must be conducted. In order for the NAVMISSA IA Team to be engaged to do that Analysis, the system must be put through the Governance Process. *The IA Team should not be engaged for IA Analysis outside of this Process*.

- A number of documents and a knowledgeable point of contact are required for any IA Analysis effort to be successful.

- The appropriate IA Path will be scheduled once a system has received final approval by the CMWG/MCB, the IA Team will then work directly with the assigned Program Manager/System Owner.

- Any new system will need to be prioritized by the CMWG in relation to other ongoing Navy Medicine/TMA/DON/DoD IA activities